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Ensuring Access to Prenatal and Maternal Healthcare

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Introduction

Access to prenatal and maternal healthcare is widely recognized as a foundation for gender equality, public health, and sustainable development.[1] While pregnancy and childbirth are natural biological processes, they still are some of the leading causes of death and disability for women globally. In 2023, an estimated 260,000 women died from pregnancy and birth related complications, with the vast majority of these deaths occurring in low income countries.[2] These deaths are overwhelmingly preventable, resulting from conditions such as hemorrhage, infection, hypertensive disorders, obstructed labor, and unsafe abortion.[3] Furthermore, maternal health occupies a unique position at the intersection of biology, social organization, and political responsibility. Unlike many other health outcomes, maternal mortality and morbidity are highly sensitive to institutional failure. Pregnancy itself does not inherently threaten life; rather, it becomes dangerous when health systems are inaccessible, under-resourced, or discriminatory.[4]

Maternal health outcomes are shaped not only by clinical care, but by larger social and political conditions. Access to prenatal and maternal healthcare reflects the strength of health systems, the availability of social protection, the enforcement of legal rights, and the status of women within society. When maternal healthcare systems fail, the consequences extend beyond individual loss of life, contributing to cycles of poverty and intergenerational inequality.[5]
UN Women approaches maternal health as a gender justice issue instead of simply a medical concern. Barriers to maternal healthcare are often rooted in structural discrimination, including unequal access to resources, restrictive legal frameworks, and the exclusion of women from decision making processes. Ensuring access to maternal healthcare requires integrated, gender responsive approaches that address both health systems and the social conditions that shape women's autonomy and wellbeing.[6] As such, maternal healthcare serves as a lens through which the effectiveness of gender-responsive governance, legal protections, and social investment can be evaluated.

Historical Development of Maternal Healthcare as a Global Issue

Historically, maternal mortality rates have been high across all regions of the world. In the early 1900s, even countries that are now considered high income have experienced widespread maternal deaths due to poor sanitation, limited medical knowledge, and the absence of trained healthcare providers. Substantial declines in maternal mortality were achieved through investments in public health infrastructure, the introduction of antibiotics, improved sanitation, and expanded access to skilled midwives and doctors.[7]

However, these improvements were not evenly distributed. Many low income regions, especially those shaped by colonialist ideals, lack sustained investment in public health systems.

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[1] UN Women. About UN Women. https://www.unwomen.org/en/about-us/about-un-women
[2]World Health Organization. Maternal Mortality. Fact sheet. Updated April 7, 2025. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality
[3]World Health Organization, UNICEF, UNFPA, World Bank Group, and UNDESA. Trends in Maternal Mortality 2000–2023. 2025. https://www.who.int/publications/i/item/9789240108462
[4] Ibid.
[5] World Bank. High-Performance Health Financing for Universal Maternal Health Coverage. https://www.worldbank.org/en/topic/universalhealthcoverage/publication/high-performance-health-financing-for-universal-health-coverage-driving-sustainable-inclusive-growth-in-the-21st-century
[6] Ibid.
[7] Loudon, Irvine. Death in Childbirth: An International Study of Maternal Care and Maternal Mortality. Oxford University Press, 2000. https://academic.oup.com/book/8772

Colonial administrations often prioritized extractive economic activities over social services, leaving fragile healthcare infrastructure that persisted after independence. Women's health, specifically reproductive and maternal care, was consistently deprioritized within national budgets and development planning.[8]

By the late 1900s, maternal health began to receive increased international attention. The 1987 Safe Motherhood Initiative marked a turning point by framing maternal mortality as a global public health crisis requiring coordinated action.[9] This initiative emphasized prenatal care, skilled birth attendants, and access to emergency obstetric services. Despite this progress, maternal health was often treated as a technical or medical issue rather than as an outcome shaped by gender inequality and legal exclusion.

The Millennium Development Goals (MDGs), which were adopted in 2000, turned attention toward maternal health through MDG 5, which hoped to reduce maternal mortality and improve access to reproductive health services. While some regions achieved measurable gains, many countries failed to meet the target. These shortcomings revealed the limitations of vertical health interventions that did not sufficiently address systemic barriers, including gender discrimination and weak health systems.[10]

The limitations of the Millennium Development Goals underscore the importance of addressing maternal health through integrated, systems-based approaches rather than isolated interventions. While MDG 5 helped mobilize political attention and resources, its implementation often focused on narrow indicators, such as increasing the number of skilled birth attendants, without adequately addressing the underlying social, legal, and economic conditions that shape access to care.[11] In many cases, health services were expanded without parallel investments in transportation, legal protection, workforce sustainability, or community trust. This demonstrated that maternal health cannot be improved through technical solutions alone, but requires coordinated action across sectors, including education, labor, justice, and social protection.

With that in mind, the transition to the Sustainable Development Goals (SDGs) in 2015 reflected a broader understanding of maternal health as interconnected with universal health coverage, gender equality, and human rights.[12] Nonetheless, recent global crises (including armed conflict, pandemics, climate-related disasters, and economic instability) have stalled or reversed progress in many regions, underscoring the fragility of maternal healthcare systems and the need for sustained international engagement.

Current Global Conditions and Disparities

Maternal mortality reductions have been uneven across regions and within countries. Approximately 92% of maternal deaths occur in low income countries, with sub-Saharan Africa

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[8] Kaiser Family Foundation (KFF). "Health Policy Issues in Women's Health," Health Policy 101, updated October 8, 2025.
https://www.kff.org/womens-health-policy/health-policy-101-health-policy-issues-in-womens-health/?entry=table-of-contents-introduction

[9] World Health Organization. Safe Motherhood Initiative.
https://platform.who.int/docs/default-source/mca-documents/policy-documents/operational-guidance/GHA-CC-10-02-OPERATIONALGUIDANCE-eng-National-Safe-Motherhood-Protocol.pdf

[10] United Nations. The Millennium Development Goals Report 2015.
https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf

[11] Ibid.

[12] United Nations. Sustainable Development Goals.
https://sdgs.un.org/goals

and South Asia having the highest numbers.[13] Within these regions, rural populations, ethnic minorities, adolescents, migrants, and people with disabilities face disproportionately high risks.[14]

Access to prenatal care also remains inconsistent. Many women receive no prenatal care or begin this type of care too late to effectively prevent complications. Skilled birth attendance, a key factor in a mother's survival, remains inaccessible for millions of women, particularly in rural and conflict affected areas. Emergency obstetric care, which is essential for managing complications such as hemorrhage and obstructed labor, is often unavailable due to weak referral systems and inadequate infrastructure.[15]

Even so, maternal health disparities persist even in high income countries. In several of these states, maternal mortality rates have stagnated or increased, particularly among racial and ethnic minorities and low income populations. These trends highlight the influence of systemic discrimination and unequal access to care, as well as social determinants of health on maternal outcomes.[16] Disparities in maternal health outcomes are rarely the result of a single factor; rather, they emerge from the cumulative effects of exclusion across multiple areas. For example, women living in rural areas may face geographic isolation, while also experiencing poverty, limited education, and social norms that restrict mobility or decision-making power. Migrants and refugees may confront legal exclusion from national health systems while also facing language barriers and fear of discrimination. Adolescents may be denied care altogether due to stigma or restrictive consent laws. These overlapping vulnerabilities intensify risk and make maternal health disparities both persistent and a complex issue to solve.

Structural Barriers to Prenatal and Maternal Healthcare

Financial constraints remain one of the most significant barriers to maternal healthcare access. High out-of-pocket costs for prenatal visits, delivery services, medications, and transportation deter women from seeking care, particularly in systems lacking universal health coverage. In many contexts, maternity benefits are incomplete or excluded from insurance schemes, leaving women vulnerable to catastrophic health expenditures.[17] Informal fees in underresourced health systems further exacerbate inequality, disproportionately affecting low income and marginalized populations.

Generally, financial barriers to maternal healthcare are closely tied to broader questions of social protection and economic justice. In the absence of comprehensive maternity benefits, women may delay or forgo care due to cost concerns, particularly in systems where pregnancy-related services are treated as optional rather than essential. These financial barriers reinforce cycles of poverty and discourage timely access to care. They also disproportionately affect women in informal employment, who often lack access to insurance, paid leave, or income

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[13] World Health Organization. Maternal Mortality. Fact sheet. Updated April 7, 2025. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

[14] UNICEF. Maternal and Newborn Health Disparities. https://data.unicef.org/topic/maternal-health

[15] World Health Organization, UNICEF, UNFPA, World Bank Group, and UNDESA. Trends in Maternal Mortality 2000–2023. 2025. https://www.who.int/publications/i/item/9789240108462

[16] The Lancet. "Maternal Mortality in High-Income Countries." https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00037-9/fulltext

[17] World Bank. Out-of-Pocket Health Expenditure and Catastrophic Spending. https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS

replacement during pregnancy.[18] As a result, maternal health risks are closely linked to labor market inequalities and the undervaluation of women's unpaid and reproductive labor.

Expanding access to maternal healthcare therefore requires integration with broader social protection systems, including paid maternity leave, income support, and nutrition programs. When maternal healthcare is embedded within a comprehensive social safety net, women are better able to seek timely care, adhere to treatment recommendations, and recover after childbirth.

Geographic and Infrastructure Constraints

Geographic isolation limits access to maternal healthcare for women living in rural or remote areas. Health facilities capable of providing skilled delivery or emergency obstetric care are often concentrated in urban centers. Weak transportation networks and referral systems delay care during obstetric emergencies, increasing the risk of preventable deaths.[19]
Conflict, displacement, and climate related disasters disrupt and antagonize healthcare delivery, as they frequently damage infrastructure and displace health workers, while also diverting resources away from maternal services.

Health Workforce Challenges

Shortages of trained midwives, nurses, and obstetric specialists undermine the availability and quality of maternal care. Unequal distribution of providers between urban and rural areas exacerbates disparities, while poor working conditions, low pay, and burnout contribute to workforce shortages. These challenges are critical in fragile and humanitarian settings.[20]
Moreover, health workforce shortages highlight the gendered dynamics of care labor within health systems. Midwifery and nursing, which form the backbone of maternal healthcare, are professions dominated by women and often undervalued within national health budgets.[21] Low pay, limited professional recognition, and poor working conditions contribute to high attrition rates and discourage new entrants into the field. In fragile and humanitarian settings, as discussed shortly, these challenges are compounded by insecurity, lack of infrastructure, and inconsistent funding, making it difficult to sustain a skilled workforce.

Addressing workforce shortages therefore requires not only training more providers, but also improving working conditions, ensuring fair compensation, and elevating the status of maternal health professionals within health systems. Supporting midwives and community health workers is particularly critical, as they often serve as the primary point of contact for pregnant women in underserved areas. Investing in the maternal health workforce is both a practical necessity and a gender equity measure, as it strengthens women's employment opportunities while improving care quality.

Discrimination and Social Norms

Discrimination within healthcare systems remains a significant barrier to respectful maternity care. Adolescents, unmarried women, immigrants, and people with disabilities are

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[18] Ibid.
[19] World Health Organization. Standards for Improving Quality of Maternal and Newborn Care. https://www.who.int/publications/i/item/9789241511216
[20] UNFPA. The State of the World's Midwifery 2021. https://www.unfpa.org/publications/sowmy-2021
[21] Ibid.

dealing with constant stigmas, denial of services, or mistreatment during pregnancy and childbirth. Language barriers and the absence of culturally competent care further limit access.[22] Reports of coercion, neglect, and abuse during childbirth undermine trust in healthcare systems and discourage future care seeking, ultimately violating fundamental human rights.[23]

For this reason, discrimination within maternal healthcare systems represents nothing less than a profound violation of human rights. Mistreatment during childbirth, including verbal abuse, neglect, and non-consensual procedures, have been documented across regions and income levels. Such practices not only cause immediate physical and psychological harm, but also discourage future engagement with healthcare services, increasing long-term risk.

Legal and Policy Barriers

Restrictive reproductive health laws, unclear legal entitlements for migrants and refugees, and weak enforcement of patient rights limit access to maternal healthcare. In certain contexts, fears of legal repercussions deter women from seeking timely care. The absence of accountability mechanisms further reinforce practices of negligence and discrimination.[24] Exploring solutions in this vein require watchdogs, constant reporting, and enforceability to ensure the protection of vulnerable populations.

Maternal Health in Humanitarian and Crisis Contexts

Maternal healthcare systems are particularly vulnerable during humanitarian crises. Armed conflict, forced displacement, pandemics, and climate related disasters interrupt service delivery and destroy infrastructure. During conflict and displacement, women often lose access to routine prenatal care and are forced to give birth without skilled assistance. Pregnant women in these contexts face heightened risks due to malnutrition, insecurity, and lack of access to skilled care.[25] Climate change increasingly compounds these challenges by intensifying food insecurity and disease burden. Women and girls are disproportionately affected, as caregiving responsibilities and gender norms limit their mobility and access to resources. Ensuring continuity of maternal care in crisis settings is therefore a critical priority for international action.[26]

Humanitarian responses have historically prioritized acute care and communicable disease control, sometimes at the expense of reproductive and maternal health services. This neglect can result in preventable maternal deaths even when basic medical interventions could have saved lives. Worse, climate change further complicates these challenges by increasing the frequency and severity of disasters that disrupt health systems.[27] Droughts, floods, and heatwaves disproportionately affect women, particularly in regions where gender norms limit access to resources and decision-making power. Ensuring continuity of maternal care in these settings

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[22] Bohren, Meghan A., et al. “Mistreatment of Women during Childbirth.” PLOS Medicine 12, no. 6 (2015). https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001847

[23] Office of the High Commissioner for Human Rights. Preventable Maternal Mortality and Morbidity and Human Rights.
https://www.ohchr.org

[24] Guttmacher Institute. *Adding It Up: Investing in Maternal Health*.
https://www.guttmacher.org/adding-it-up

[25] UNFPA. Maternal Mortality in Humanitarian Crises and Fragile Settings.
https://www.unfpa.org/resources/maternal-mortality-humanitarian-crises-and-fragile-settings

[26] Intergovernmental Panel on Climate Change (IPCC). Climate Change and Health.
https://www.ipcc.ch

[27] Ibid.

requires anticipatory planning, flexible funding, and the integration of maternal health into emergency preparedness and climate adaptation strategies.

International Frameworks and the Role of UN Women

Maternal healthcare is embedded within a broader international framework linking health and gender equality. The Sustainable Development Goals provide the central policy architecture, particularly SDG 3 (health and wellbeing) and SDG 5 (gender equality).[28] Together, these goals emphasize that maternal health outcomes are inseparable from social and economic conditions. The World Health Organization (WHO) establishes evidence-based guidelines for prenatal care, skilled delivery, emergency obstetric services, and postnatal follow-ups.[29] UNFPA focuses on reproductive health service delivery, particularly in fragile and humanitarian contexts, and compliments the work of UNICEF who address maternal and newborn health through child survival and early development initiatives.[30]

UN Women plays a distinct role in ensuring that maternal healthcare policies are gender responsive and rights based. This includes advocating for legal reforms, addressing discrimination within healthcare systems, promoting women's leadership in health governance, and strengthening accountability mechanisms. UN Women emphasizes bodily autonomy and the inclusion of marginalized voices in policy design.[31]So, UN Women's role is particularly critical in bridging the gap between health policy and gender justice. By emphasizing women's bodily autonomy, participation, and leadership, UN Women reframes maternal healthcare as a matter of rights rather than charity. This perspective challenges states to move beyond minimum service provision and toward accountability for outcomes and experiences.

UN Women's advocacy also underscores the broader importance of including marginalized voices in decision-making processes. Women from affected communities, including adolescents, indigenous populations, migrants, and people with disabilities, must be meaningfully involved in shaping maternal health policies.[32] Their lived experiences provide critical insight into barriers that may be invisible at the policy level and help ensure that solutions are both effective and equitable. In this context, the intersectionality of gender, race, sexuality, class, etc. cannot be ignored.

Key Stakeholders

National governments are responsible for financing and regulating maternal healthcare systems and enforcing patient rights. Ministries of health, finance, and social protection also play particularly influential roles in this regard.

At the international level, UN agencies and international financial institutions provide funding, technical assistance, and coordination. Civil society organizations, especially women-led and community based groups, often serve as advocates and service providers, bridging gaps between formal health systems and marginalized populations. Professional associations contribute to workforce development and standards of care, while private sector actors influence affordability and innovation.

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[28] Ibid.

[29] World Health Organization, UNICEF, UNFPA, World Bank Group, and UNDESA. Trends in Maternal Mortality 2000–2023. 2025.
https://www.who.int/publications/i/item/9789240108462

[30] Ibid.

[31] Ibid.

[32] Ibid.

Conclusion

Ensuring access to prenatal and maternal healthcare is key to advancing gender equality and safeguarding human rights. While the medical knowledge and technology required to prevent most maternal deaths already exists, progress remains constrained by discriminatory systems and fragile health infrastructure. Through coordinated international action and gender responsive policymaking, Member States have the opportunity to transform maternal healthcare from a persistent risk into a universal guarantee.

Guiding Questions for Debate

1. How can states expand access to maternal healthcare without compromising quality or respect?
2. What role should international funding and technical assistance play in strengthening national health systems?
3. What accountability mechanisms should exist when maternal deaths result from negligence or discrimination?
4. How can states ensure that maternal healthcare remains a priority when health systems are overwhelmed?

Guiding Questions for Research

5. How should maternal healthcare be protected during conflict, displacement, and climate-related disasters?
6. How can maternal healthcare policies address discrimination and ensure respectful maternity care?
7. What mechanisms can improve emergency obstetric care in rural and fragile settings?
8. How can maternal healthcare be integrated into broader social protection systems, including paid leave and nutrition programs?